



Place Based Investment Fund Indiana Tourism: A Model for the 21st Century

Grant Information & Application

Applications Due: Friday, April 13, 2012 by 4:30 pm EDT

Indiana Office of Tourism Development
One North Capitol, Ste 600
Indianapolis, IN 46204

About the Program

The Place Based Investment Fund is a competitive grant program that funds efforts by Indiana communities to become even greater places to visit, live, and work. The program invests in unique projects and programs that seek to create jobs and further establish a diverse local, regional, and state economy. Performance-based quality of place initiatives that maximize investment and collaboration by local governments, economic development organizations, and Community Foundations, are the intended recipients of these grants.

Background

In 2011, the Indiana Office of Tourism Development (IOTD) and the Indiana Office of Community and Rural Affairs (OCRA), led by Lieutenant Governor Becky Skillman, collaborated with the University of Southern Indiana and Ball State University to engage a broad range of tourism stakeholders across the state in the Tourism in the 21st Century (T21) study. More than 200 local government and economic development officials attended town hall meetings throughout Indiana and 500 formal surveys were received. The findings from this study spurred the creation of this fund.

Eligibility

Eligible applicants are a partnership of at least two of the following: convention and visitor bureaus, local or regional economic development agencies, units of local government, and Community Foundations.

Investments that make tangible improvements to the quality of a place are the target of this fund.

Traditional marketing, printing, and advertising are not eligible.

Funding

A total of \$400,000 has been allocated for this program. Grant requests between \$25,000 and \$50,000 will be considered. There is a 1:1 cash match requirement. At least two of the partners must contribute to the cash match, although it is not necessary that the match be shared equally between the partners. In-kind contributions cannot be considered. Additional cash match funding will receive favorable consideration. Other considerations will include the proportion of the match shared between partners, the depth of the collaboration among the partners, as well as the number of partners engaged in the project.

Federal and other state funds may not be used as cash match. This program encourages collaboration and the leveraging of local and regional resources to meet the opportunities in communities. The intent is to promote community investment in all projects.

Submission of matching funds must be properly documented. Documentation for cash match requires a letter from the organization committing the cash match. The letter must be on the organization's letterhead and signed by either Chief Executive Officer or Chief Financial Officer. The letter must include the total amount committed for the entire grant period and certify that the funds will be available at the commencement of the grant funded project.

Selected grantees will be permitted to utilize the funds for the duration of the project period according to the start and end dates identified in the grant agreement, but cannot exceed 18 months.

Grant funds may only be utilized to cover eligible costs associated with the execution of the project.

Examples of ineligible costs include but are not limited to:

- Wages, salaries, and fringe benefits
- Administrative expenses, including grant administration
- Printing, copying, binding, etc
- Traditional visitor collateral - i.e. brochures, rack cards, guidebooks
- Studies, research, planning, plans, etc
- Operational expenses such as rent, utilities, insurance
- Costs to supplant existing funds for an existing project or program (the grant funds and required cash match must be used for the implementation or expansion of a project or program)
- Direct financial support to a business, individual, or organization

Timeline

Completed grant applications must be received by Friday, April 13, 2012. Winners will be notified by Monday, April 23, 2012. Grant execution begins at time of executed agreement and ends 18 months later. A final report will be required 30 days after end date of executed agreement.

Financial Reimbursement Procedures

Upon receiving a fully executed grant agreement, the grantee may request up to 50% of the grant award. The grantee may claim the remaining 50% upon completion of the project. All reports outlined in the grant agreement documentation of cash match and grant fund expenditures must be received and satisfied before the final claim will be paid.

Reporting and Records Retention

The grantee is required to submit progress reports on:

- Friday, September 28, 2012
- Monday, December 31, 2012
- Friday, June 28, 2013

The final/closeout report should be submitted no later than Friday, January 31, 2014.

The grantee will be expected to maintain supporting documentation of grant expenditures, sufficient to enable an audit by the State of Indiana and for monitoring by IOTD.

Projects are expected to maintain records that are appropriate for the type of project being implemented. For example, if a project is providing business development services to entrepreneurs, records will be maintained for each individual and document the services provided as well as challenges and successes.

All records should be maintained for three years beyond the receipt of the final payment for the project. IOTD may monitor these records at any time throughout the duration of the project and the records retention period.

How to Apply

Five hard copies of the proposal, including one marked as the original that is signed in blue ink, must be submitted to IOTD. The other four should be marked as copies. Complete and properly formatted applications can be mailed or hand delivered no later than Friday, April 13, 2012 by 4:30 pm EDT to:

**Indiana Office of Tourism Development
One N Capitol, Suite 600
Indianapolis, IN 46204**

Pre-application submission questions should be directed to your [OCRA Community Liaison](#) or IOTD at marketing@visitindiana.com.

Note: No electronic submissions will be accepted. Please label each section, tabbed index dividers are preferred but are not required. Do not use binders.

Application Instructions

Each application shall adhere to the following formatting requirements and must address each of the items stated below. Application must be typed, single sided, numbered pages, one-inch margin, double-spaced; and, the font should be 12 point Times New Roman. Please do not use acronyms in the proposal. Although there is no page limit, the proposal should be succinct.

1. Lead Applicant Coversheet

Use the form titled *Form 1* as the first page of the grant application. This is the only form that will be accepted as your cover sheet. Sign in blue ink only.

2. Table of Contents

Provide a table of contents immediately following *Form 1*.

3. Partner Coversheet

Complete *Form 2* for each organization that will assume an active role in the project. This section must be complete to qualify as a project partner. Be specific about the participation and contribution of each partner.

4. Executive Summary

A one-page summary that outlines the partnership, project need, project scope, and sustainability plan.

5. Community Need

A. Identify the need that the project will address, the area to be served, and who will benefit from the project.

B. Identify any efforts in the community, county, or region that have been or are being taken to address these needs. Describe how the proposed project relates to current efforts, improves upon, adds value to, or completes the next step.

C. Include one letter of support from local or regional entity that will benefit, explaining their interest in the potential project. Include the letters as *Attachment A*.

6. Program Description

A. Provide a detailed description of each component of the project. This section should provide a clear, sequential description of the project.

B. Identify whether the project is new or an expansion. If the project is an expansion of a current program, be very specific about what is currently being done, the sustainability of the current project, and what the expansion will be.

C. Identify the partner organizations involved in the planning process and their role in the implementation of the project. Provide a detailed description of their roles as well as the resources they will contribute.

D. Explain how the project's services will be publicized, if appropriate. Explain how you will engage the community and document their buy-in.

E. Provide a detailed timeline for the project. Indicate the organization and/or persons responsible for each item, and include the completion date.

7. Staffing and Management

A. Describe the staffing needs of the program and staff qualifications. Provide a job description for any position that will participate in this project, and if already identified, the resume of the person who will be filling the position. Include job descriptions and resumes as *Attachment B*.

B. Complete *Form 3*, the Management Review Form.

C. Describe the lead applicant's experience and ability to implement the proposed project. Identify previous accomplishments the applicant has related to this area and any previous grant administration.

8. Outcomes and Benchmarks

A. Clearly identify the benchmark measures for your project on *Form 4* and the activities that will be undertaken to achieve them. Then identify the anticipated impact of the project on the community.

B. As you complete *Form 4*, note you will be reporting the results of your benchmark measures each reporting cycle if your project is funded. The results recorded on *Form 4* each cycle will serve as a measurement of impact and achievement in your community.

C. The proposed benchmark measures need to clearly lead to desired measurable outcomes, found on *Form 5*, the Final Outcomes form. Although *Form 5* will not be due until the final report, it is helpful to look at the outcomes you will be reporting.

9. Evaluation

Identify your strategies for measuring successful achievement of the benchmarks stated in the proposal, the information that will be tracked, and the tracking format. Submit the format to track the information as *Attachment C*.

10. Sustainability

Describe in detail how the project will be sustained beyond the initial funding period. Identify efforts or plans that have been made for future sustainability and any partner involved.

11. Budget

- A. A budget narrative needs to be included that clarifies the proposed use of the funds.
- B. Submit *Form 6*, the Grant Budget Summary form.
- C. Include a detailed line item budget.
- D. *Form 7*, the Table of Matching Funds, must be completed and include all sources of match.
- E. Include letters of commitment for cash contributions from all sources on the contributing organization's letterhead and clearly state the amount of the contribution for the entire 18 month period. The letter should be signed by the Chief Executive or Financial Officer, and certify that the funds will be available at the commencement of the grant. Include the letters as *Attachment D*.
- F. When developing the project budget, be sure to list grant funds and local match restrictions.

12. Vendor Information Form

Include the [Vendor Information SF# 53788](#) by downloading it from the [Indiana Auditor's website](#). This form must be completely filled out.

13. Application Checklist

Complete *Form 8*, Application Check List. This will serve as the last page of the grant proposal.

Lead Applicant Coversheet

Lead (Legal) Applicant:

Contact Person/ Title:

Mailing Address:

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

Lead Applicant's Legal Status (check one): _____ Not for profit _____ Government Entity

Federal ID # _____

Project Coordinator: _____

Mailing Address:

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

Type of Project (check one): _____ New _____ Expansion of an Existing Program

Amount Requested: \$ _____

Amount of Match: \$ _____

Total Budget: \$ _____

Identify:

Indiana State Senator(s) _____

Indiana State Representative(s) _____

List the counties to be served by the project: _____

Upon signing this request I am certifying that the applicant is not in violation of any state or federal law, or municipal ordinances as of this date. No money is due and payable to any municipal, county, state, or U.S. governmental agency or department, nor does the applicant have liens or potential liens which could jeopardize the completion of this project.

Signature of Chief Official

Official's Title

Date

Partner Coversheet

Partner (Legal) Applicant:

Contact Person/ Title:

Mailing Address:

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

Partner's Legal Status (Check one):

☐ Not for profit ☐ Government Entity ☐ For-profit

Project Coordinator: _____

Mailing Address:

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

Thoroughly describe the role of the organization in the project. Be specific about the participation and contribution. Attach an additional page if needed. This section must be complete to qualify as a partner.

Upon signing this request I am certifying that the applicant is not in violation of any state or federal law, or municipal ordinances as of this date. No money is due and payable to any municipal, county, state, or U.S. governmental agency or department, nor does the applicant have liens or potential liens which could jeopardize the completion of this project.

Signature of Chief Official

Official's Title

Date

Management Review form

The following questions must be answered to determine the applicant's ability to manage and safeguard funds. The documents described on this form do not need to be submitted; however, they must be available for review, either on-site or electronically, by the Indiana Office of Tourism Development should a request be made. **This form should be completed for the lead applicant.**

1. Has your organization received funds from federal or other Indiana state agencies within the last five years? (circle one): YES/ NO

If YES, list the agency, date(s) of award, and the amount awarded. _____

2. Date of your organization's fiscal year: _____

3. Date of last audit: _____

Were there material findings in the audit? (circle one): YES/ NO

If YES, were corrective actions taken? (circle one): YES/ NO

If NO, please explain:

4. Identify the type of accounting system of your organization (check one):

_____ Cash _____ Accrual

5. Does your organization have written (circle one):

Accounting procedures?	YES/ NO
Personnel policies and procedures?	YES/ NO
Travel policies and procedures?	YES/ NO
Procurement procedures?	YES/ NO
Conflict of interest policy?	YES/ NO

Benchmarks form

Propose 3 to 5 benchmark measures for your project. Proposed benchmarks should correlate to the expected outcomes located on *Form 5*. The benchmark measure results should be included in all reports.

Benchmarks

1.

Result:

2.

Result:

3.

Result:

4.

Result:

5.

Result:

Final Outcomes form

Indicate your expected outcomes for the project. At the conclusion of the grant, the lead applicant will provide data to show whether the expected outcome was reached. The outcomes should correlate to the benchmark measures on *Form 4*.

Outcomes	Quantified Value

Grant Budget Summaryform			
	Grant Request	Cash Match	Total
Professional Fees			
	\$	\$	\$
Program Costs	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Program Costs Subtotal	\$	\$	\$
Other Costs			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Other Costs Subtotal	\$	\$	\$
Total Grant Funds	\$		\$
Total Cash Match		\$	\$
Total Project Budget			\$

Table of Matching Funds

List all match funding sources below. Support letters for financial commitments listed below should be included as *Attachment D*.

Source of Project Funds	Cash
Total Matching Funds	

Application Checklist

___ Application is typed and double-spaced, using 12-point Times New Roman font, and submitted in order listed below.

___ **Lead Applicant Coversheet, Form 1**

___ **Table of Contents**

___ **Partner Coversheet, Form 2**

___ **Executive Summary**

___ **Community Need**

- ___ Identifies area to be served and the beneficiaries of the project.
- ___ Identifies community/county/regional efforts to address the issues.
- ___ Defines project in qualitative and quantitative terms.
- ___ One letter of support from local or regional beneficiary included as *Attachment A*.

___ **Program Description**

- ___ Project is logical, sequential, and clearly described in detail.
- ___ Identified whether project is new or an expansion.
- ___ Explanation of current efforts, the sustainability of the current project, and the plans for expansion (if applicable).
- ___ Identified parties involved in the planning & implementation of the project.
- ___ Explained how project will engage the community.
- ___ Includes detailed timeline.

___ **Staffing and Management**

- ___ Described staffing needs and includes job descriptions and resumes as *Attachment B*.
- ___ Complete Management Review Form, *Form 3*
- ___ Describes lead applicant's agency, previous grant administration experience, and qualifications to develop and implement the proposed project, including related accomplishments.

___ **Outcomes and Benchmarks**

- ___ Complete Benchmark Measures form, *Form 4*
- ___ Identified the project's anticipated impact on the community.

___ **Evaluation**

- ___ Strategies to document success and detailed methods for tracking.
- ___ Forms for tracking including pre- or post-test tools are included as *Attachment C*.

___ **Sustainability**

- ___ Clear evidence and support for sustaining and maintaining project beyond initial funding period.

_____ **Budget (must be included in this order)**

- _____ Separate budget narrative with a cost-per participant analysis.
- _____ Complete Project Budget Summary, *Form 6*
- _____ Line item budget is complete.
- _____ Complete Table of Matching Funds, *Form 7*
- _____ Letters of commitment for matching sources are included as *Attachment D*.

_____ **Vendor Information Form**

- _____ [Vendor Information SF# 53788](#) is complete and included.

_____ **Application Checklist**

- _____ *Form 8*, the Application checklist is complete and included.

Note: Original application is signed in BLUE INK and marked as original. Four copies should also be submitted. Application sections should be labeled and page numbered appropriately. Do not utilize binders to submit applications.